

EPA General Permit WAG130000 - Annual Report



**Annual Report of Operations**  
**for Year** 2021

**To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington**

**NPDES # for your Facility:**

WAG13025  
WAG-130025

**Facility & Owner Information**

Facility Name:

Chief Joseph Hatchery

Operator Name (Permittee):

Matt McDaniel & Joe Peone

Address:

P.O. Box 150  
Nespelem, Wa 99155

Email:

matthew.mcdaniel.fnw@colvilletribes.co

Phone:

509-631-1870

Owner Name (if different from operator):

Colville Confederated Tribes

Email:

Phone:

**Best Management Practices (BMP) Plan**

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

No changes have been made since to the BMP since the last annual report.

## EPA General Permit WAG130000 - Annual Report

### Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **753,255 lbs**

Pounds of food fed to fish during the maximum month:

**24,192 lbs**

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
BY- 19 SEG Sp CK	82,798.4	Columbia River	April 2021
BY- 19 SEG Su CK	41,578.4	Columbia River	April 2021
BY- 20 SEG Su CK	1,842.6	Columbia River	June 2021
BY- 20 INT Su CK	633.2	Transferred off station	April 2021
BY- 20 INT Sp CK	10,346.5	Transferred Off Station	Nov 2021
BY- 20 INT Su CK	15,076.2	Transferred Off Station	Oct 2021
BY- 20 INT Su CK	7,092.3	Transferred Off Station	Nov 2021

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	103,389.2	17,580	July	26,886.2	14,817
February	124,641.7	19,407	August	53,415.7	16,039
March	127,286.5	23,786	September	73,740.5	24,192
April	312.4	6,843	October	58,595.8	12,286
May	15,128.5	6,511	November	63,692	12,494
June	22,803.1	8,372	December	83,363.4	12,848

Additional Comments: **See Additional Sheet for Species, fish produced, Receiving water, and Month Released information.**

## EPA General Permit WAG130000 - Annual Report

### Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **753,255 lbs**

Pounds of food fed to fish during the maximum month:

**24,192 lbs**

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
BY- 20 SEG Sp CK	58,217.4	Currently On Station	April 2022
BY- 20 SEG Su CK	25,146	Currently On Station	April 2022

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

Additional Comments:

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### Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Eggs, juvenile, and adult mortalities	Jan- Dec 2021	Landfill
Additional Comments:		

### Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
Additional Comments:			

## **EPA General Permit WAG130000 - Annual Report**

### **Noncompliance Summary**

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

No noncompliance events to report.

### **Inspections & Repairs for Production & Wastewater Treatment Systems**

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired

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### Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Herbicide - describe: Diquat was used to treat adults
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hormone - describe:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

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## Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Parasite-S</b>		Generic Name: <b>Formalin 37% formaldehyde</b>	
Reason for use: <b>Control Saprolegnia Fungus</b>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>Varies</b>	Total quantity of formulated product used in past year (specify units): <b>304.2 gallons</b>	
Date(s) of treatment: <b>Jan 2021- Dec 2021</b>			Total number of treatments in past year: <b>113</b>
Maximum daily volume of treated water: <b>25,786,390 mgd</b>	Treatment concentration (specify units): <b>167 ppm</b>	Duration and frequency of treatment(s): <b>Varies 15- 60 min a day</b>	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input checked="" type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

Brand Name: <b>35% Perox- Aid</b>		Generic Name: <b>35% Hydrogen Peroxide</b>	
Reason for use: <b>Control Infectious copepods on adult summerchinook</b>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <b>Varies</b>	Total quantity of formulated product used in past year (specify units): <b>55.9 gallons</b>	
Date(s) of treatment: <b>August 2021- September 2021</b>			Total number of treatments in past year: <b>5</b>
Maximum daily volume of treated water: <b>25,786,390 mgd</b>	Treatment concentration (specify units): <b>75 ppm</b>	Duration and frequency of treatment(s): <b>60 minutes</b>	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

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### Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Ovadine</b>		Generic Name: <b>PVP Ovadine</b>	
Reason for use: <b>Equipment and fish egg disinfection</b>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>Varies</b>	Total quantity of formulated product used in past year (specify units): <b>220 gallons</b>	
Date(s) of treatment: <b>January- December 2021</b>			Total number of treatments in past year: <b>Varies</b>
Maximum daily volume of treated water: <b>25,786,390 mgd</b>	Treatment concentration (specify units): <b>100 ppm</b>	Duration and frequency of treatment(s): <b>Varies 10- 60 minutes</b>	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input checked="" type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

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Brand Name:		Generic Name:	
Reason for use:			
<input type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment:	Total quantity of formulated product used in past year (specify units):	
Date(s) of treatment:			Total number of treatments in past year:
Maximum daily volume of treated water:	Treatment concentration (specify units):	Duration and frequency of treatment(s):	
Method of application:	<input type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			



## EPA General Permit WAG130000 - Annual Report

### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	2934 <span style="float: right;">Liters</span>
Desired Static Bath Treatment Concentration	100,000 <span style="float: right;">µg/L</span>
Volume of Product Needed	29.3 <span style="float: right;">Liters Product</span>
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: .0006418 L/min <span style="float: right;">+</span> Active Ingredient: 1.0% <span style="float: right;">+ Specify Units</span>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	17,369,831 mgd <span style="float: right;">Specify Units</span>
Maximum % of Facility Discharge Treated	.06418 <span style="float: right;">% of Total Discharge</span>

<b>Flow-Through Treatments</b>	
Tank Volume	367,364 <span style="float: right;">Liters</span>
Calculated Flow Rate	1,893 <span style="float: right;">Liters/Minute</span>
Duration of Treatment	60 <span style="float: right;">Minutes</span>
Desired Flow-Through Treatment Concentration of Product	100,000 <span style="float: right;">µg/L</span>
Amount of Product to Add Initially	N/A <span style="float: right;">Liters Product</span>
Amount of Product to Add During Treatment	757 <span style="float: right;">mL/Minute</span>
Total Volume of Product Needed	45.42 <span style="float: right;">Liters Product</span>
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: .000016658L/ min <span style="float: right;">+</span> Active Ingredient: 35% <span style="float: right;">+ Specify Units</span>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	17,369,831 mgd <span style="float: right;">Specify Units</span>
Maximum % of Facility Discharge Treated	.0995 <span style="float: right;">% of Total Discharge</span>

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### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

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- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

<b>Flow-Through Treatments</b>	
Tank Volume	91,841 Liters
Calculated Flow Rate	1,893 Liters/Minute
Duration of Treatment	60 Minutes
Desired Flow-Through Treatment Concentration of Product	167,000 µg/L
Amount of Product to Add Initially	N/A Liters Product
Amount of Product to Add During Treatment	316 mL/Minute
Total Volume of Product Needed	18,963 Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: .0069224198 L/ min Active Ingredient: 100% <span style="float: right;">+ Specify Units</span>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	578,994 gal/ day Specify Units
Maximum % of Facility Discharge Treated	3.28 % of Total Discharge

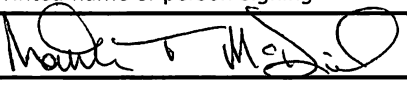
## EPA General Permit WAG130000 - Annual Report

### Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

### Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Matthew T McDaniel	Chief Joseph Hatchery Manager
Printed name of person signing	Title
	Jan 19, 2022
Applicant Signature	Date Signed

### Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191  
Washington Hatchery Annual Report  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101-3140